

<i>SERFF Tracking Number:</i>	<i>FRCS-126551061</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeShield National Insurance Company</i>	<i>State Tracking Number:</i>	<i>45409</i>
<i>Company Tracking Number:</i>	<i>5335</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness</i>		
<i>Project Name/Number:</i>	<i>LifeShield/61/61</i>		

Filing at a Glance

Company: LifeShield National Insurance Company

Product Name: Critical Illness	SERFF Tr Num: FRCS-126551061	State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved- Closed	State Tr Num: 45409
Sub-TOI: H07G.001 Critical Illness	Co Tr Num: 5335	State Status: Approved-Closed
Filing Type: Form	Authors: Jana Ellmaker, Kevin Wiggs	Reviewer(s): Rosalind Minor
	Date Submitted: 04/13/2010	Disposition Date: 05/05/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: LifeShield/61	Status of Filing in Domicile: Pending
Project Number: 61	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted on or about this same date.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 05/05/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/05/2010
Deemer Date:	Created By: Jana Ellmaker
Submitted By: Jana Ellmaker	Corresponding Filing Tracking Number:
Filing Description:	
We have been retained by LifeShield National Insurance Company to file the enclosed forms for approval in your state.	

Our fee of \$50.00 has been sent by EFT on this same date.

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

<i>SERFF Tracking Number:</i>	<i>FRCS-126551061</i>	<i>State:</i>	<i>Arkansas</i>
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These forms are new and are not intended to replace any previously approved forms.

Policy LNG-5061 is a group limited benefit supplemental health policy that pays benefits under the first occurrence, reoccurrence and additional occurrence of specified health conditions. The policy will utilize simplified underwriting and will be available to individuals age 18 through 69.

Rider LNG-5062 pays benefits upon the first occurrence, reoccurrence and additional occurrence of cancer.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Jana Ellmaker, Senior Compliance Specialist	jana.ellmaker@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2741 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

Filing Company Information

(This filing was made by a third party - FC01)

LifeShield National Insurance Company	CoCode: 99724	State of Domicile: Oklahoma
629 NW Boulevard	Group Code: 2858	Company Type:
Suite A	Group Name: Homeshield Capital Group	State ID Number:
Oklahoma City, OK 73118	FEIN Number: 73-1155182	
(405) 236-2640 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
LifeShield National Insurance Company	\$50.00	04/13/2010	35614078
LifeShield National Insurance Company	\$250.00	04/15/2010	35694679

SERFF Tracking Number:	FRCS-126551061	State:	Arkansas
Filing Company:	LifeShield National Insurance Company	State Tracking Number:	45409
Company Tracking Number:	5335		
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	Critical Illness		
Project Name/Number:	LifeShield/61/61		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/05/2010	05/05/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
request for information	Note To Reviewer	Judy Sykes	05/05/2010	05/05/2010
Additional filing fee	Note To Reviewer	Aaron Clark	04/15/2010	04/15/2010
Additional Filing Fee	Note To Filer	Rosalind Minor	04/14/2010	04/14/2010

<i>SERFF Tracking Number:</i>	<i>FRCS-126551061</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 05/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-126551061 State: Arkansas

Filing Company: LifeShield National Insurance Company State Tracking Number: 45409

Company Tracking Number: 5335

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness

Project Name/Number: LifeShield/61/61

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Form	Group Critical Illness Insurance Policy	Approved-Closed	Yes
Form	Certificate of Critical Illness Insurance	Approved-Closed	Yes
Form	Group Cancer Benefit Rider	Approved-Closed	Yes
Form	Application for Group Critical Illness Insurance	Approved-Closed	Yes
Form	Cancer Benefit Certificate Rider	Approved-Closed	Yes
Form	Enrollment Form for Certificate of Critical Illness Insurance	Approved-Closed	Yes

Note To Reviewer

Judy Sykes on 05/05/2010 09:45 AM

Rosalind Minor

05/05/2010 12:40 PM

request for information

SERFF Status shows that you are still waiting for filing fees. These were sent to you on 4/15/2010. Please advise when we may expect a response. Thank you.

Note To Reviewer

Aaron Clark on 04/15/2010 01:59 PM

Rosalind Minor

05/05/2010 12:40 PM

Additional filing fee

In response to your note to filer dated 04-14-2010, on behalf of LifeShield National Insurance Company, we offer the following for your consideration.

As you requested we have submitted the additional \$250.00 filing fee.

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Note To Filer

Rosalind Minor on 04/14/2010 08:00 AM

Rosalind Minor

05/05/2010 12:40 PM

Additional Filing Fee

Comments:

The fee for this submission is \$50.00 per form for a total of \$300.00. Please submit an additional \$250.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

SERFF Tracking Number: FRCS-126551061 State: Arkansas

Filing Company: LifeShield National Insurance Company State Tracking Number: 45409

Company Tracking Number: 5335

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness

Project Name/Number: LifeShield/61/61

Form Schedule

Lead Form Number: LNG-5061

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 05/05/2010	LNG-5061	Policy/Cont ract/Fratern al Certificate	Group Critical Illness Insurance Policy	Initial		50.000	LNG-5061 Generic DISTILLED.pdf
Approved-Closed 05/05/2010	LNG-5064	Certificate	Certificate of Critical Illness Insurance	Initial		50.000	LNG-5064 Generic DISTILLED.pdf
Approved-Closed 05/05/2010	LNG-5062	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Group Cancer Benefit Rider	Initial		51.100	LNG-5062 Group Cancer rider DISTILLED.pdf
Approved-Closed 05/05/2010	LNG-5063	Application/ Enrollment Form	Application for Group Critical Illness Insurance	Initial		50.000	LNG-5063 Group CI app DISTILLED.pdf
Approved-Closed 05/05/2010	LNG-5065	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Cancer Benefit Certificate Rider	Initial		52.100	LNG-5065 Cancer Benefit Certificate rider DISTILLED.pdf
Approved-Closed	LNG-5066-AR	Application/ Enrollment	Application/ Enrollment Form for Certificate of Critical	Initial		50.000	LNG-5066-AR.pdf

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<i>Project Name/Number:</i>	<i>LifeShield/61/61</i>		
05/05/2010	Form	Illness Insurance	

LifeShield National Insurance Co[®]

815 West Ash Ave., Duncan, OK 73533

Toll Free: 1-800-366-8354

GROUP CRITICAL ILLNESS INSURANCE POLICY

This policy offers Limited Benefit Supplemental Health Insurance Coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any proposed Insured Person is eligible for Medicare, such person should review the "Guide to Health Insurance for People with Medicare" available from the Company.

PART A

INSURING CLAUSE

LifeShield National Insurance Co (hereinafter referred to as We, Us or Our) agrees with the Policyholder to cover each Insured Person identified in an issued Certificate of Critical Illness Insurance and any associated riders (hereinafter, "Certificate") for any covered loss described in said Certificate in return for payment of premiums and subject to the provisions, limitations and exclusions that follow. This group policy is executed as of the Policy Effective Date and from which anniversary dates are measured. This group policy takes effect at 12:01 A.M. Standard Time on the Policy Effective Date at the address of the Policyholder.

IMPORTANT NOTICE ABOUT A MEMBER'S STATEMENTS IN THE ENROLLMENT FORM

The issuance of a Certificate of Critical Illness Insurance will be based upon the member's responses to the questions on the enrollment form. A copy of the enrollment form will be attached to each issued Certificate. If the member's answers are materially incorrect or untrue, We may have the right to deny benefits or rescind the Certificate, subject to the Time Limit on Certain Defenses provision. Upon Certificate issue the member will be advised to review the enrollment form and to contact Us if the answers on the enrollment form are incorrect for any reason.

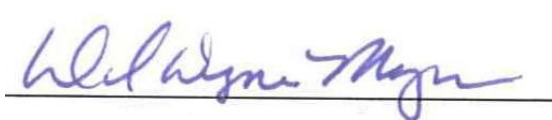
NOTICE OF 30-DAY RIGHT TO EXAMINE CERTIFICATE

Upon Certificate issue the member will be advised of a 30-day right to examine the Certificate and return it to Us for any reason for a full premium paid refund.

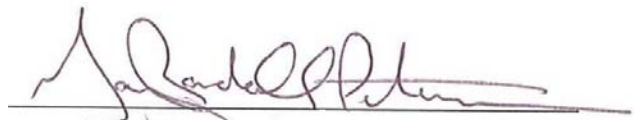
**THIS IS A LIMITED BENEFIT POLICY — READ IT CAREFULLY.
MAXIMUM CRITICAL ILLNESS BENEFITS REMAINING AT AN INSURED PERSON'S AGE 70 OR
OLDER WILL REDUCE 50%. NO BENEFITS WILL BE PROVIDED DURING THE FIRST TWO YEARS
IMMEDIATELY FOLLOWING THE EFFECTIVE DATE OF ANY CERTIFICATE FOR ANY CLAIMS
RESULTING FROM PRE-EXISTING CONDITIONS**

This group policy is governed by the laws of the state in which this group policy was issued and delivered.

Signed for Us on the Policy Effective Date.



Secretary



President

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LifeShield National Insurance Co[®]

815 West Ash Ave., Duncan, OK 73533

Toll Free: 1-800-366-8354

GROUP CRITICAL ILLNESS INSURANCE POLICY

POLICY SCHEDULE

POLICYHOLDER: [ABC, Inc.]

POLICY NUMBER: [LNG00012345]

POLICY EFFECTIVE DATE: [March 1, 2006]

PART B**DEFINITIONS**

When We use the following words, this is what We mean:

“Angioplasty” means reconstitution or recanalization of a blood vessel; it may involve balloon dilation, mechanical stripping of intima, forceful injection of fibrinolytics or placement of a stent.

“Certificate Effective Date” is the date on which coverage with respect to any Insured Person becomes effective. The Certificate Effective Date in all cases will be determined by Us and will be the Certificate Effective Date shown on the issued Certificate Schedule page.

“Class” means any group of persons insured individually under Certificates issued under this group policy who have a common bond, such as, but not limited to: issue age; premium payment method; geographical area; current or former employer; current or former participant in an organization, association or trust such as professional, trade and affinity groups; union members; or customers of financial or service organizations.

“Coma” means a continuous state of profound unconsciousness that is diagnosed and treated after the Certificate Effective Date, lasting for a period of seven (7) or more consecutive days, characterized by the absence of (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance.

“Coronary Artery Bypass Surgery” means the first ever open heart surgery, performed after the Certificate Effective Date, to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to, balloon angioplasty, laser relief, or other nonsurgical procedures. This surgery requires placement of patient on a cardiac-pulmonary bypass machine and must be performed by a legally qualified Physician who is a board certified cardiothoracic surgeon.

“Critical Illness” means any of the following illnesses: Coma, End Stage Renal Failure, Heart Attack, Major Human Organ Transplant, Paralysis, Severe Burns or Stroke, as each is defined in this policy, and any other Critical Illness as provided by rider.

“Date of Diagnosis” (of Angioplasty) means the date of the performance of the treatment based on the criteria listed under the “Angioplasty” definition.

“Date of Diagnosis” of (Coma) means the date the Coma occurred based on documented neurological deficits and neurobehavioral assessments.

“Date of Diagnosis” (of Coronary Artery Bypass Surgery) means the date of the performance of the surgical treatment based on the criteria listed under the “Coronary Artery Bypass Surgery” definition.

“Date of Diagnosis” (of End Stage Renal Failure) means the date the Insured Person begins renal dialysis and meets the definition of “End Stage Renal Failure”.

“Date of Diagnosis” (of Heart Attack) means the date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the “Heart Attack” definition.

“Date of Diagnosis” (of Major Human Organ Transplant) means the date the Transplant surgery is performed on an Insured Person.

“Date of Diagnosis” (of Paralysis) is the date of the accident causing such Paralysis.

“Date of Diagnosis” (of Severe Burns) is the date of the accident causing such Severe Burns.

“Date of Diagnosis” (of Stroke) means the date the Stroke occurred based on documented neurological deficits and neuroimaging studies.

“Eligible Member(s)” mean persons who satisfy the eligibility requirements of this group policy as described in PART C – Member Eligibility and Effective Date or PART D – Dependent Provisions.

“End Stage Renal Failure” means chronic irreversible failure of both kidneys to function requiring an Insured Person to undergo regular hemodialysis or peritoneal dialysis at least weekly. The diagnosis of End Stage Renal Failure must be made by a legally qualified Physician who is a board certified nephrologist.

“Heart Attack” means the myocardial infarction, coronary thrombosis or coronary occlusion that is diagnosed or treated after the Certificate Effective Date. The following are not considered as a Heart Attack: congestive heart failure, atherosclerotic heart disease, an EKG change consistent with transient ischemic change, angina, chance finding of EKG changes suggestive of a previous Heart Attack, coronary artery disease or any other dysfunction of the cardiovascular system, or death of the heart muscle coincident with death of an Insured Person from other causes. Diagnosis of a Heart Attack must be positively made by a Physician and be based on all of the following criteria: (a) associated new EKG changes consistent with injury; (b) elevation of cardiac enzymes above generally accepted laboratory levels of normal (a diagnostic elevation of Troponin.i or in the case of CPK, a CPK-MB measurement must be used); and (c) confirmatory imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

“Immediate Family” means anyone related to an Insured Person in the following manner: the Spouse, father (including stepfather), mother (including stepmother), sons (including stepsons), daughters (including stepdaughter), brothers or sisters (including stepbrothers or stepsisters), grandchildren, or father- or mother-in-law of any Insured Person.

“Injury” means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person’s coverage under a Certificate issued under this group policy is in force, and (2) which directly (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

“Insured Person(s)” means persons insured for the benefits of this group policy as evidenced by an issued Certificate. Insured Person(s) may include:

- (a) an eligible group member; or
- (b) any person who is eligible for coverage in agreement with PART D – Dependent Provisions and named as a Spouse or dependent child (of the insured member or his or her Spouse) in a copy of the enrollment form that is attached to the member’s issued Certificate. Such enrolment form could be the original or some other enrollment form for coverage under this group policy.

All Insured Persons are insured for the benefits of this group policy as of the Certificate Effective Date. A person not covered on this date may be added later, subject to Our underwriting approval.

“Limited Benefit Supplemental Health Insurance Coverage” means an insurance policy or Certificate that provides benefits on a limited basis and is designed to supplement existing comprehensive health care coverage. Limited Benefit Supplemental Health Insurance Coverage is not intended to replace or be issued in lieu of that coverage.

“Major Human Organ Transplant” means a surgery in which an Insured Person receives, from a suitable donor and in accordance with generally accepted medical procedures, as a result of a surgical transplant, one or more of the following organs: kidney, liver, heart, heart-lung, lung or pancreas. **It does not include transplants involving mechanical or non-human organs.**

“Paralysis” means spinal cord injuries occurring after the Certificate Effective Date resulting in permanent, complete, total and irreversible loss of use of two (2) or more limbs (paraplegia or quadriplegia) for a continuous period of at least thirty (30) days. Paralysis must be positively diagnosed by a Physician.

“Physician” means a practitioner of the healing arts duly licensed, practicing in the United States and legally qualified to treat Sickness or Injuries. Such person must not be the Insured Person, an Insured Person’s Immediate Family member or a business associate. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required by this policy. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians.

“Severe Burns” means an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis and that covers more than 10% of the total body surface. The damage must be caused by heat, electricity, radiation or chemicals.

“Sickness” means an illness, disease or disorder which first makes itself known after the Certificate Effective Date and while an Insured Person’s coverage is in force (see Pre-Existing Sickness or Injury Provision in PART F).

“Spouse” means the person named on the insured member’s enrollment form for this coverage as the Spouse to be insured at the time the insured member first enrolled for this coverage, or who was added as an Insured Person by endorsement to this coverage at a later date. The insured member may never have more than one Spouse insured under this coverage at any given time. Spouse shall mean ex-spouse and not current Spouse until such time an ex-spouse is terminated from this coverage pursuant to procedures prescribed herein and a new Spouse added to the coverage pursuant to procedures prescribed herein (see PART H – Termination Provision, Divorce).

“Stroke” means an acute cerebral vascular accident (due to rupture or acute occlusion of a cerebral artery) producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit, positively diagnosed by a Physician, persisting for at least thirty (30) days. This definition of stroke shall specifically exclude Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia.

“Waiting Period” means the first 60 days following the Certificate Effective Date for each Insured Person.

“We”, “Our” or “Us” means LifeShield National Insurance Co.

PART C	MEMBER ELIGIBILITY AND EFFECTIVE DATE
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ELIGIBLE MEMBER: means a member of the Policyholder as described in this group policy.

EFFECTIVE DATE: This Policy begins on the Policy Effective Date shown on the group Policy Schedule page at 12:01 AM Standard Time at the address of the Policyholder where this policy is delivered.

Coverage with respect to any Insured Person can never become effective until after an Eligible Member has submitted to Us the required written enrollment form along with any premium due, unless such member has payroll deduction facilities available and acceptable to Us. If such payroll deduction facilities are available and acceptable to Us, premium will be remitted per PART G – Premiums.

If an Eligible Member or any proposed Insured Person is not accepted for coverage, We will notify the member in writing and refund any applicable premium paid. If such member has payroll deduction facilities available and acceptable to Us, We will notify the facility to cease the applicable payroll deductions for that member. In either case, coverage for the non-accepted person(s) will be void.

PART D	DEPENDENT PROVISIONS
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TYPE OF COVERAGE: The Type of Coverage issued will be as shown on the Certificate Schedule.

1. **Individual:** coverage means that only the primary insured, as named on the Certificate Schedule is covered.
2. **Single Parent Family:** coverage means that the primary insured and his or her Eligible Dependent Children are covered. “Dependent Children” means the primary insured’s natural children, stepchildren, and legally adopted children who are unmarried, under 19 years of age or under 23 years of age if a full-time student at an accredited school of higher learning, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.
3. **Two Parent Family:** coverage means that the primary insured, his or her spouse, and the Eligible Dependent Children of the primary insured or those of the spouse are covered. “Dependent Children” means the primary insured’s or the spouse’s natural children, stepchildren and legally adopted children who are unmarried, under 19 years of age or under 23 years of age if a full-time student at an accredited school of higher learning, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.

ELIGIBLE DEPENDENTS:

At the time of Certificate issue, only the spouse and eligible dependants listed by name on an underwriting approved enrollment form and who were not excluded from coverage by an issued exclusionary endorsement are insured under the issued Certificate.

After the Certificate Effective Date, a spouse or eligible dependents (other than newborn or adopted children who are temporarily covered under the “Newborn and Adopted Children” provision below) may be added to coverage by endorsement, subject to acceptance by Us of the written enrollment form and payment of any required premium. These persons, added as Insured Persons by endorsement, will be covered after the effective date of such endorsement.

NEWBORN AND ADOPTED CHILDREN: Any child of the insured member or a covered spouse born or adopted, regardless of the age at which the child is adopted, or a child who has been placed with the insured member and for whom the application and approval procedures prescribed by law for adoption have been completed, while coverage under any issued Certificate is in force will be immediately covered as an Insured Person from the moment of birth, adoption or placement for adoption for as long as the later of these dates: (a) 90 days from the moment of birth, adoption or placement for adoption; or (b) the next Certificate renewal date following birth, adoption or placement for adoption.

In order for coverage to continue beyond such date, We must receive:

- (a) written notice of the birth, adoption or placement for adoption of the newborn, adopted child or child placed for adoption; and
- (b) any required premium within 31 days of Our notification to the insured member of the premium amount.

Please include the child’s name, date of birth and sex with such notice. This notice must be received by Us before the later of these dates: (a) 90 days from the date of birth, adoption or placement for adoption; or (b) the next Certificate renewal date following birth, adoption or placement for adoption.

If the required notice is not received by Us during this period, a newborn or adopted child may be covered after this date only if the following conditions are met: (a) an insured member’s written enrollment form for coverage is approved by Us; and (b) the payment of any required premium is made. Additional premium, if any, will begin on the first Certificate renewal date following the date of birth, adoption or placement for adoption. Coverage for such newborn or adopted child will be limited to a maximum coverage amount of 10% of the primary insured’s benefit amount.

PART E	BENEFITS
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1. ANNUAL HEALTH SCREENING TESTS BENEFIT

We will pay an amount not to exceed the Annual Health Screening Tests Benefit amount, as shown on the Certificate Schedule page, per calendar year per adult primary insured or spouse for any of the following tests or procedures: (a) Stress test on bicycle or treadmill; (b) fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL; (c) bone marrow testing; (d) breast ultrasound; (e) CA 15-3 (blood test for breast cancer); (f) CA 125 (blood test for ovarian cancer); (g) CEA (blood test for colon cancer); (h) chest x-ray; (i) colonoscopy; (j) flexible sigmoidoscopy; (k) hemocult stool analysis; (l) mammography; (m) pap smear; (n) PSA (blood test for prostate cancer); (o) serum protein electrophoresis (blood test for myeloma); or (p) thermography.

The Annual Health Screening Tests Benefit amount shall only be payable with respect to covered tests and procedures that occur more than sixty (60) days after the Insured Person’s Certificate Effective Date. This benefit is not payable for any covered dependent children.

2. FIRST OCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if, while any issued Certificate is in force, an Insured Person is, for the first time, positively diagnosed by a Physician as having a Critical Illness, We will pay the First Occurrence Benefit amount shown on the Certificate Schedule page.

Each Insured Person shall be limited to the payment of only one such First Occurrence Benefit amount under the terms of any issued Certificate.

If either Angioplasty or Coronary Artery Bypass Surgery is performed on an Insured Person, We will pay a partial First Occurrence Benefit amount equal to twenty-five percent (25%) of the First Occurrence Benefit amount. Any First Occurrence Benefit amount payable for Heart Attack shall be reduced, dollar-for-dollar, by any amounts previously paid for either Angioplasty or Coronary Artery Bypass Surgery. In addition, We will not pay any amount for Angioplasty or Coronary Artery Bypass Surgery if We have already paid the full First Occurrence Benefit amount for Heart Attack. We will not pay a partial First Occurrence Benefit for more than one (1) Angioplasty per Insured Person, nor more than one (1) Coronary Artery Bypass Surgery per Insured Person.

3. ADDITIONAL OCCURRENCE or REOCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if, while any issued Certificate is in force, an Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of a Critical Illness, We will pay the Additional Occurrence or Reoccurrence Benefit amount shown on the Certificate Schedule page. However, for the Additional Occurrence or Reoccurrence Benefit amount to be payable, (i) the First Occurrence Benefit amount shall have been previously paid for the Insured Person; and (ii) the Insured Person shall have been diagnosed with an additional occurrence or reoccurrence of a Critical Illness more than one hundred eighty (180) days following the date the First Occurrence Benefit amount became payable. The Additional Occurrence or Reoccurrence Benefit amount is payable each time the Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of a Critical Illness more than one hundred eighty (180) days following the later of: (i) the date the First Occurrence Benefit amount became payable; or (ii) the date the previous Additional Occurrence or Reoccurrence Benefit amount became payable.

If either an additional occurrence or reoccurrence Angioplasty or Coronary Artery Bypass Surgery is performed on an Insured Person, We will pay a partial Additional Occurrence or Reoccurrence Benefit amount equal to twenty-five percent (25%) of the Additional Occurrence or Reoccurrence Benefit amount. Any Additional Occurrence or Reoccurrence Benefit amount payable for Heart Attack shall be reduced, dollar-for-dollar, by any amounts previously paid for either Angioplasty or Coronary Artery Bypass Surgery. In addition, We will not pay any amount for Angioplasty or Coronary Artery Bypass Surgery if We have already paid the full First Occurrence Benefit amount for Heart Attack. We will not pay a partial Additional Occurrence or Reoccurrence Benefit for more than one (1) Angioplasty per Insured Person, nor more than one (1) Coronary Artery Bypass Surgery per Insured Person.

4. BENEFIT PAYMENT CONDITIONS

Payment of the First Occurrence Benefit amount, any partial First Occurrence Benefit amount or any Additional Occurrence or Reoccurrence Benefit amount shall be subject to the following conditions:

- (i) diagnosis must be made within the United States; and
- (ii) the Date of Diagnosis shall occur while the Insured Person is covered by an issued and in force Certificate; and
- (iii) payment shall be precluded by any general or specific exclusion, limitation or reduction set forth in this group policy or any issued Certificate (including, without limitation, the exclusion for any Pre-existing Sickness or Injury) or any failure by the Insured Person or Policyholder to meet any condition precedent.

5. REDUCTION SCHEDULE

The First Occurrence Benefit amount, partial First Occurrence Benefit amount or Additional Occurrence or Reoccurrence Benefit amount shall be reduced by 50% if an Insured Person is age 70 or older on the Date of Diagnosis. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

PART F	EXCLUSIONS AND LIMITATIONS
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PRE-EXISTING SICKNESS OR INJURY PROVISION:

The benefits of any issued Certificate will not be payable during the first twenty four (24) months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Sickness or Injury disclosed or not disclosed on the enrollment form. This 24-month period is measured from the effective date of coverage for each Insured Person.

A Pre-Existing Sickness or Injury means:

- 1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the effective date of an Insured Person's coverage ; or
- 2. a Sickness or Injury which is diagnosed by a Physician or for which medical advice or treatment was recommended or received from a Physician within twenty four (24) months prior to the effective date of coverage for each Insured Person.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR: Any issued Certificate only pays for loss resulting from covered conditions, as defined in the Certificate: **THE CERTIFICATE DOES NOT COVER:**

- (1) intentionally self-inflicted Injury or Sickness;
- (2) suicide or attempted suicide, while sane or insane;
- (3) treatment of Mental or Nervous Disorders, alcoholism or chemical dependency;
- (4) loss that begins prior to the effective date of coverage;
- (5) care and treatment received outside the United States or its territories;
- (6) Injuries or Sickness due to an act of declared or undeclared war;

- (7) any loss sustained or contracted as the result of an Insured Person being physically or mentally impaired due to being under the influence of alcohol or any narcotic unless administered on the advice of a Physician. “Being under the influence of alcohol” means a blood alcohol level of 0.08 or more. The Insured Person’s alcohol or narcotic impairment must be the cause or contributing cause of his or her Injury or Sickness, irrespective of whether the loss due to injuries occurred while the Insured Person was driving a motor vehicle or engaged in any other activity;
- (8) any loss to which a contributing cause was the commission of or an attempt to commit a felony. Nor will We be liable for any loss to which a contributing cause was being engaged in an illegal activity;
- (9) Injuries or Sickness due to participation in any sport or sporting activity for wage, compensation or profit; or
- (10) any illness specifically excluded from the definition of any Critical Illness; or as specifically described in any exclusionary endorsement issued with any Certificate.

PART G

PREMIUMS

Coverage is in consideration of and subject to payment of the first premium. An insured member’s first premium and premium payment mode is shown in the Certificate Schedule. Subsequent premiums are due and payable on the premium due date. We reserve the right to change the premium rates by Class on any premium due date after the first policy anniversary. We must give advanced written notice to the Policyholder of any premium change.

If payroll deduction facilities are available to an insured member, the premium will be deducted from such person’s pay and remitted to the Us. If there are no payroll deduction facilities available to an insured member, premiums must be remitted directly to Us.

GRACE PERIOD: We grant a grace period of 31 days for each premium payment due after the first premium payment. Coverage remains in force during the grace period unless an insured member or the Policyholder has given Us written notice of the insured member’s cancellation. There is no grace period if We have been given such a cancellation notice.

PART H

TERMINATION PROVISIONS

GROUP POLICY: Either the Policyholder or We may terminate this group policy by giving an advance written 30-day notice to the other party.

TERMINATION OF AN INSURED MEMBER’S COVERAGE: Coverage for an insured member will terminate (a) on the date premiums are not received when due, subject to the GRACE PERIOD provision; (b) on the date the group policy terminates; or (c) when the maximum available benefits have been paid to the insured member.

TERMINATION OF DEPENDENT COVERAGE: Coverage for a dependent will terminate on the date the insured member’s coverage terminates, except when coverage continues with the insured member’s Spouse as the new insured member. Coverage for each dependent person also terminates on the date such dependent person’s maximum benefits under an issued Certificate have been paid. Coverage for dependent persons may also terminate as explained in the following paragraphs.

Coverage for each dependent child will terminate on the renewal date following the earlier of: (a) his or her attainment of the limiting age as stated in Part D Dependent Provisions; or (b) marriage. It is the Certificate holder's obligation to notify Us if either of these events occur.

Our acceptance of premium after such termination date will be considered as premium only for the remaining persons who qualify for coverage. Our liability will be limited to a refund of any subsequent overpayment. If a Certificate holder's premium needs to be changed due to the termination of dependent coverage, he or she should notify Us and We will adjust it accordingly.

If a child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) remains dependent upon the Certificate holder for support and maintenance; and (c) the Certificate holder notifies Us about this, coverage for such child will continue while the Certificate is in force and so long as such incapacity continues and the applicable premium is paid. Satisfactory proof must be submitted to Us within 31 days of such termination date. We may request this proof periodically at Our discretion following a child's attainment of the limiting age.

CONTINUATION OF COVERAGE: If an insured member is no longer affiliated with Policyholder, We agree thereafter to renew the previously issued Certificate coverage for each term as long as such insured member continues to pay the required premium when due and the group policy remains in force. The insured member must notify Us of the change in status within 31 days of such change. Direct premium payments will begin following the end of the period for which premium has been paid.

If an insured member dies or has collected the maximum Certificate benefits while his or her Spouse is an Insured Person under an issued Certificate, We agree thereafter to renew the coverage for each term, with such Spouse as the new insured member, as long as such Spouse lives and pays the required premium before the end of the grace period and the group policy remains in force, provided such Spouse has not collected their maximum Certificate benefits. Direct premium payments will begin following the end of the period for which premium has been paid.

DIVORCE: If an insured member divorces his/her Spouse, and his/her Spouse is named as an Insured Person on the enrollment form for this coverage, or was made an Insured Person pursuant to Certificate endorsement procedures, the insured member must provide Us with an actual, written notice of said divorce and with the last known, current address of said ex-spouse. Coverage for a Spouse or ex-spouse, if an Insured Person, will terminate 30 days following the date We receive actual, written notice from the insured member or his/her insured Spouse of a divorce between the insured member and his/her insured Spouse, regardless of the date of the divorce decree. An insured member may not add a new Spouse as an Insured Person under any issued Certificate until his/her covered ex-spouse has been terminated from the insured member's coverage pursuant to these procedures. Spouses terminated due to a divorce will have a conversion privilege. This privilege will extend for 60 days beginning with the date on which such Spouse's coverage terminates because of a divorce decree. New enrollment and payment of the appropriate premium for the new coverage must be made during this 60-day period. Evidence of insurability will not be required. The new coverage will be equivalent or similar to, but not greater than, the Spouse's terminated coverage. All probationary and/or waiting periods will be considered as having been met to the extent coverage was in force under a previously issued Certificate.

PART I**HOW TO FILE A CLAIM**

NOTICE OF CLAIM: Written notice of claim must be given to Us within 20 days after any loss covered by an issued and in force Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us at our Administrative Office in Duncan, Oklahoma. It should include the insured member's name and Certificate number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not sent to the claimant within 15 days, the claimant will be deemed to have met the proof of loss requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to Us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

PART J**TIME OF PAYMENT OF CLAIMS**

Benefits for any loss covered by an issued and in force Certificate will be paid as soon as reasonably possible once We receive proper written Proof of Loss.

PART K**PAYMENT OF CLAIMS**

All benefits will be paid to the Certificate holder or to his or her estate.

PART L**ASSIGNABILITY**

Neither this group policy, any issued Certificate nor any benefits payable under any issued Certificate are assignable.

PART M**GENERAL INFORMATION**

ENTIRE CONTRACT: This group policy is a legal contract between the Policyholder and Us. Any issued Certificate is a legal contract between the Certificate holder and Us. The entire contract with the Policyholder consists of the policy, which includes the application, and any attached riders or papers. The entire contract with the Certificate holder consists of the Certificate, which includes the enrollment form, and any attached riders, endorsements or papers. No change in either the group policy nor an issued Certificate will be effective until approved by one of Our officers. Such officer approval must be noted on or attached to the group policy or to the Certificate. No agent has any authority to change this group policy or an issued Certificate or to waive any of their provisions. All statements in the group application and in the individual enrollment forms are deemed representations and not warranties.

INCONTESTABILITY: We will not contest the validity of this group policy after it has been in force for two years from the Policy Effective Date. We will not contest the validity of any issued Certificate after it has been in force for two years from the Certificate Effective Date.

CERTIFICATES: We will give each member who is approved by Us for coverage a Certificate that describes the insurance benefits and the terms and conditions of coverage under the Certificate. The provisions and coverages provided under issued Certificates may vary by state based upon specific state requirements. The provisions of the Certificate issued to an insured member will be the controlling provisions governing the coverage of the Insured Person(s) under the Certificate.

CLERICAL ERROR: Clerical error on the part of the Policyholder will not void coverage that would otherwise be in force or continue coverage that would otherwise have terminated.

CONFORMITY WITH STATE STATUTES: On the Policy Effective Date or on the Certificate Effective Date, if any contract provision conflicts with the laws of the state of issue, it shall be deemed to conform to such law.

POLICY OR CERTIFICATE SCHEDULE: The Schedule and information it shows is a part of the policy or Certificate as if it preceded the execution clause.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date a person becomes covered under an issued Certificate We cannot use misstatements, except fraudulent misstatements, in the enrollment form to void coverage or deny a claim for loss that happens after the two-year period.

No claim for loss incurred after two years from the date a person becomes covered under an issued Certificate shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such person's coverage.

The above provisions also apply to riders attached to an issued Certificate. In applying them, the word "rider" will be used for the word "policy".

LEGAL ACTIONS: An Insured Person cannot bring any action at law or in equity to recover under any issued Certificate for at least 60 days after he or she has given Us written Proof of Loss. No such action shall be brought after three (3) years from the time written Proof of Loss is required to be given.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and We accept a premium without requiring an application for reinstatement, Our acceptance of that payment shall reinstate coverage under an issued Certificate. If We require an application, the Certificate will be reinstated when We approve the application. If We do not approve the application, the Certificate will be reinstated on the 45th day after the date of the application unless We notify the applicant in writing of its disapproval.

After two years from the date We reinstate the Certificate, We cannot use misstatements in the reinstatement application to void coverage or deny a claim for loss that happens after the two-year period. In all other respects the Certificate holder and We have the same rights under the Certificate as the Certificate holder and We both had before it lapsed, unless special conditions are added to the Certificate in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

MISSTATEMENT OF AGE: If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's true age. No misstatement of age will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have an Insured Person examined when and as often as is reasonable during the handling of a claim and to do any autopsy where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

LifeShield National Insurance Co[®]

815 West Ash Ave., Duncan, OK 73533

Toll Free: 1-800-366-8354

CERTIFICATE OF CRITICAL ILLNESS INSURANCE

This Certificate offers Limited Benefit Supplemental Health Insurance Coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any proposed Insured Person is eligible for Medicare, such person should review the "Guide to Health Insurance for People with Medicare" available from the Company.

PART A

INSURING CLAUSE

LifeShield National Insurance Co (hereinafter referred to as We, Us or Our) agrees with the Certificate holder to cover each Insured Person for any covered loss described in this Certificate in return for payment of premiums and subject to the provisions, limitations and exclusions that follow. This Certificate is executed as of the Certificate Effective Date and from which anniversary dates are measured. This Certificate takes effect at 12:01 A.M. Standard Time on the Certificate Effective Date at the address of the Certificate holder.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE ENROLLMENT FORM

The issuance of this Certificate of Critical Illness Insurance is based upon Your responses to the questions on the enrollment form. A copy of Your enrollment form is attached to this Certificate. If Your answers are materially incorrect or untrue, We may have the right to deny benefits or rescind this Certificate, subject to the Time Limit on Certain Defenses provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, please contact Us at this address 815 West Ash Avenue, Duncan, OK 73533.

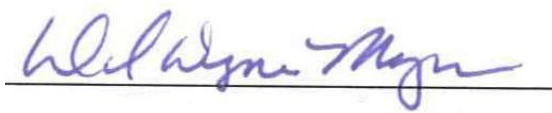
NOTICE OF 30-DAY RIGHT TO EXAMINE CERTIFICATE

Within thirty (30) days from receipt of this Certificate of Insurance, You may return it for any reason. If returned, this Certificate is void. Any premiums paid on this Certificate will be refunded. This Certificate may be returned to Us or to the agent who sold this Certificate.

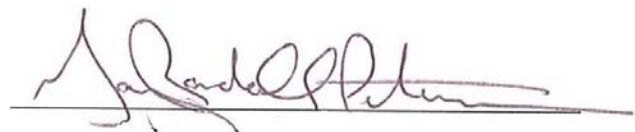
**THIS IS A LIMITED CERTIFICATE OF INSURANCE — READ IT CAREFULLY.
MAXIMUM CRITICAL ILLNESS BENEFITS REMAINING AT AN INSURED PERSON'S AGE
70 OR OLDER WILL REDUCE 50%. NO BENEFITS WILL BE PROVIDED DURING THE
FIRST TWO YEARS IMMEDIATELY FOLLOWING THE EFFECTIVE DATE OF THIS
CERTIFICATE FOR ANY CLAIMS RESULTING FROM PRE-EXISTING CONDITIONS**

This Certificate is governed by the laws of the state in which the Group Critical Illness Insurance Policy was issued and delivered.

Signed for Us on the Certificate Effective Date.



Secretary



President

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LifeShield National Insurance Co[®]
815 West Ash Ave., Duncan, OK 73533
Toll Free: 1-800-366-8354

GROUP CRITICAL ILLNESS CERTIFICATE OF INSURANCE CERTIFICATE SCHEDULE

POLICYHOLDER: [ABC, Inc.]	CERTIFICATE HOLDER [John Doe]
CERTIFICATE NUMBER: [LNGC0012345]	TYPE: [TWO PARENT FAMILY]
PRIMARY INSURED: [John Doe]	CERTIFICATE EFFECTIVE DATE: [March 1, 2006]
STATE OF ISSUE: [STATE]	PRIMARY INSURED'S AGE AT ISSUE: [32]

PREMIUMS

[Monthly] [Payroll Deduction] [\$ XXX.XX]

ANNUAL HEALTH SCREENING TESTS BENEFIT AMOUNT (Insured Adults only)	[\$ 50.00 per year]
WAITING PERIOD	60 days

FIRST OCCURRENCE BENEFIT	primary insured	[\$ 10,000]
	[spouse	\$ 5,000]
	[children	\$ 1,000]

PARTIAL FIRST OCCURRENCE BENEFIT for Angioplasty or Coronary Artery Bypass Surgery	primary insured	[\$ 2,500]
	[spouse	\$ 1,250]
	[children	\$ 250]

ADDITIONAL OCCURRENCE or REOCCURRENCE BENEFIT	primary insured	[\$ 5,000]
	[spouse	\$ 2,500]
	[children	\$ 500]

PARTIAL ADDITIONAL OCCURRENCE OR REOCCURRENCE BENEFIT for Angioplasty or Coronary Artery Bypass Surgery	primary insured	[\$ 1,250]
	[spouse	\$ 625]
	[children	\$ 125]

CANCER BENEFIT RIDER

FIRST OCCURRENCE BENEFIT	primary insured	[\$ 10,000]
	[spouse	\$ 5,000]
	[children	\$ 1,000]

PARTIAL FIRST OCCURRENCE BENEFIT for Carcinoma-in-situ	primary insured	[\$ 2,500]
	[spouse	\$ 1,250]
	[children	\$ 250]

ADDITIONAL OCCURRENCE or REOCCURRENCE BENEFIT	primary insured	[\$ 5,000]
	[spouse	\$ 2,500]
	[children	\$ 500]

PARTIAL ADDITIONAL OCCURRENCE OR REOCCURRENCE BENEFIT for Carcinoma-in-situ	primary insured	[\$ 1,250]
	[spouse	\$ 625]
	[children	\$ 125]

PART B**DEFINITIONS**

When We use the following words, this is what We mean:

“Angioplasty” means reconstitution or recanalization of a blood vessel; it may involve balloon dilation, mechanical stripping of intima, forceful injection of fibrinolytics or placement of a stent.

“Certificate Effective Date” is the date on which coverage with respect to any Insured Person becomes effective. The Certificate Effective Date in all cases will be determined by Us and will be the Certificate Effective Date shown on the issued Certificate Schedule page.

“Class” means any group of persons insured individually under Certificates issued under the Group Critical Illness Insurance Policy who have a common bond, such as, but not limited to: issue age; premium payment method; geographical area; current or former employer; current or former participant in an organization, association or trust such as professional, trade and affinity groups; union members; or customers of financial or service organizations.

“Coma” means a continuous state of profound unconsciousness that is diagnosed and treated after the Certificate Effective Date, lasting for a period of seven (7) or more consecutive days, characterized by the absence of (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance.

“Coronary Artery Bypass Surgery” means the first ever open heart surgery, performed after the Certificate Effective Date, to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to, balloon angioplasty, laser relief, or other nonsurgical procedures. This surgery requires placement of patient on a cardiac-pulmonary bypass machine and must be performed by a legally qualified Physician who is a board certified cardiothoracic surgeon.

“Critical Illness” means any of the following illnesses: Coma, End Stage Renal Failure, Heart Attack, Major Human Organ Transplant, Paralysis, Severe Burns or Stoke, as each is defined in this certificate, and any other Critical Illness as provided by rider.

“Date of Diagnosis” (of Angioplasty) means the date of the performance of the treatment based on the criteria listed under the “Angioplasty” definition.

“Date of Diagnosis” of (Coma) means the date the Coma occurred based on documented neurological deficits and neurobehavioral assessments.

“Date of Diagnosis” (of Coronary Artery Bypass Surgery) means the date of the performance of the surgical treatment based on the criteria listed under the “Coronary Artery Bypass Surgery” definition.

“Date of Diagnosis” (of End Stage Renal Failure) means the date the Insured Person begins renal dialysis and meets the definition of “End Stage Renal Failure”.

“Date of Diagnosis” (of Heart Attack) means the date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the “Heart Attack” definition.

“Date of Diagnosis” (of Major Human Organ Transplant) means the date the Transplant surgery is performed on an Insured Person.

“Date of Diagnosis” (of Paralysis) is the date of the accident causing such Paralysis.

“Date of Diagnosis” (of Severe Burns) is the date of the accident causing such Severe Burns.

“Date of Diagnosis” (of Stroke) means the date the Stroke occurred based on documented neurological deficits and neuroimaging studies.

“End Stage Renal Failure” means chronic irreversible failure of both kidneys to function requiring an Insured Person to undergo regular hemodialysis or peritoneal dialysis at least weekly. The diagnosis of End Stage Renal Failure must be made by a legally qualified Physician who is a board certified nephrologist.

“Heart Attack” means the myocardial infarction, coronary thrombosis or coronary occlusion that is diagnosed or treated after the Certificate Effective Date. The following are not considered as a Heart Attack: congestive heart failure, atherosclerotic heart disease, an EKG change consistent with transient ischemic change, angina, chance finding of EKG changes suggestive of a previous Heart Attack, coronary artery disease or any other dysfunction of the cardiovascular system, or death of the heart muscle coincident with death of an Insured Person from other causes. Diagnosis of a Heart Attack must be positively made by a Physician and be based on all of the following criteria: (a) associated new EKG changes consistent with injury; (b) elevation of cardiac enzymes above generally accepted laboratory levels of normal (a diagnostic elevation of Troponin.i or in the case of CPK, a CPK-MB measurement must be used); and (c) confirmatory imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

“Immediate Family” means anyone related to an Insured Person in the following manner: the Spouse, father (including stepfather), mother (including stepmother), sons (including stepsons), daughters (including stepdaughter), brothers or sisters (including stepbrothers or stepsisters), grandchildren, or father- or mother-in-law of any Insured Person.

“Injury” means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person’s coverage under a Certificate issued under this group policy is in force, and (2) which directly (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

“Insured Person(s)” means persons insured for the benefits of Certificate. Insured Person(s) may include:

- (a) an eligible group member; or
- (b) any person who is eligible for coverage in agreement with PART D – Dependent Provisions and named as a Spouse or dependent child (of the insured member or his or her Spouse) in a copy of the enrollment form that is attached to this Certificate.

All Insured Persons are insured for the benefits of this Certificate as of the Certificate Effective Date. A person not covered on this date may be added later, subject to Our underwriting approval.

“Limited Benefit Supplemental Health Insurance Coverage” means an insurance policy or Certificate that provides benefits on a limited basis and is designed to supplement existing comprehensive health care coverage. Limited Benefit Supplemental Health Insurance Coverage is not intended to replace or be issued in lieu of that coverage.

“Major Human Organ Transplant” means a surgery in which an Insured Person receives, from a suitable donor and in accordance with generally accepted medical procedures, as a result of a surgical transplant, one or more of the following organs: kidney, liver, heart, heart-lung, lung or pancreas. **It does not include transplants involving mechanical or non-human organs.**

“Paralysis” means spinal cord injuries occurring after the Certificate Effective Date resulting in permanent, complete, total and irreversible loss of use of two (2) or more limbs (paraplegia or quadriplegia) for a continuous period of at least thirty (30) days. Paralysis must be positively diagnosed by a Physician.

“Physician” means a practitioner of the healing arts duly licensed, practicing in the United States and legally qualified to treat Sickness or Injuries. Such person must not be the Insured Person, an Insured Person’s Immediate Family member or a business associate. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required by this policy. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians.

“Severe Burns” means an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis and that covers more than 10% of the total body surface. The damage must be caused by heat, electricity, radiation or chemicals.

“Sickness” means an illness, disease or disorder which first makes itself known after the Certificate Effective Date and while an Insured Person’s coverage is in force (see Pre-Existing Sickness or Injury Provision in PART F).

“Spouse” means the person named on the insured member’s enrollment form for this coverage as the Spouse to be insured at the time the insured member first enrolled for this coverage, or who was added as an Insured Person by endorsement to this coverage at a later date. The insured member may never have more than one Spouse insured under this coverage at any given time. Spouse shall mean ex-spouse and not current Spouse until such time an ex-spouse is terminated from this coverage pursuant to procedures prescribed herein and a new Spouse added to the coverage pursuant to procedures prescribed herein (see PART H – Termination Provision, Divorce).

“Stroke” means an acute cerebral vascular accident (due to rupture or acute occlusion of a cerebral artery) producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit, positively diagnosed by a Physician, persisting for at least thirty (30) days. This definition of stroke shall specifically exclude Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia.

“Waiting Period” means the first 60 days following the Certificate Effective Date for each Insured Person.

“We”, “Our” or “Us” means LifeShield National Insurance Co.

“You”, or “Your” means the Certificate holder identified on the Certificate Schedule page.

PART C**EFFECTIVE DATE**

EFFECTIVE DATE: This Certificate begins on the Certificate Effective Date shown on the Certificate Schedule page at 12:01 AM Standard Time at the address of the Certificate holder where this Certificate is delivered.

PART D**DEPENDENT PROVISIONS**

TYPE OF COVERAGE: The Type of Coverage issued will be as shown on the Certificate Schedule.

1. **Individual:** coverage means that only the primary insured, as named on the Certificate Schedule is covered.
2. **Single Parent Family:** coverage means that the primary insured and his or her Eligible Dependent Children are covered. "Dependent Children" means the primary insured's natural children, stepchildren, and legally adopted children who are unmarried, under 19 years of age or under 23 years of age if a full-time student at an accredited school of higher learning, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.
3. **Two Parent Family:** coverage means that the primary insured, his or her spouse, and the Eligible Dependent Children of the primary insured or those of the spouse are covered. "Dependent Children" means the primary insured's natural children, stepchildren, and legally adopted children who are unmarried, under 19 years of age or under 23 years of age if a full-time student at an accredited school of higher learning, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.

ELIGIBLE DEPENDENTS:

At the time of Certificate issue, only the spouse and eligible dependants listed by name on an underwriting approved enrollment form and who were not excluded from coverage by an issued exclusionary endorsement are insured under the issued Certificate.

After the Certificate Effective Date, a spouse or eligible dependents (other than newborn or adopted children who are temporarily covered under the "Newborn and Adopted Children" provision below) may be added to coverage by endorsement, subject to acceptance by Us of the written enrollment form and payment of any required premium. These persons, added as Insured Persons by endorsement, will be covered after the effective date of such endorsement.

NEWBORN AND ADOPTED CHILDREN: Any child of the insured member or a covered spouse born or adopted, regardless of the age at which the child is adopted, or a child who has been placed with the insured member and for whom the application and approval procedures prescribed by law for adoption have been completed, while coverage under any issued Certificate is in force will be immediately covered as an Insured Person from the moment of birth, adoption or placement for adoption for as long as the later of these dates: (a) 90 days from the moment of birth, adoption or placement for adoption; or (b) the next Certificate renewal date following birth, adoption or placement for adoption.

In order for coverage to continue beyond such date, We must receive:

- (a) written notice of the birth, adoption or placement for adoption of the newborn, adopted child or child placed for adoption; and
- (b) any required premium within 31 days of Our notification to the insured member of the premium amount.

Please include the child's name, date of birth and sex with such notice. This notice must be received by Us before the later of these dates: (a) 90 days from the date of birth, adoption or placement for adoption; or (b) the next Certificate renewal date following birth, adoption or placement for adoption.

If the required notice is not received by Us during this period, a newborn or adopted child may be covered after this date only if the following conditions are met: (a) an insured member's written enrollment form for coverage is approved by Us; and (b) the payment of any required premium is made. Additional premium, if any, will begin on the first Certificate renewal date following the date of birth, adoption or placement for adoption. Coverage for such newborn or adopted child will be limited to a maximum coverage amount of 10% of the primary insured's benefit amount.

PART E

BENEFITS

1. ANNUAL HEALTH SCREENING TESTS BENEFIT

We will pay an amount not to exceed the Annual Health Screening Tests Benefit amount, as shown on the Certificate Schedule page, per calendar year per adult primary insured or spouse for any of the following tests or procedures: (a) Stress test on bicycle or treadmill; (b) fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL; (c) bone marrow testing; (d) breast ultrasound; (e) CA 15-3 (blood test for breast cancer); (f) CA 125 (blood test for ovarian cancer); (g) CEA (blood test for colon cancer); (h) chest x-ray; (i) colonoscopy; (j) flexible sigmoidoscopy; (k) hemocult stool analysis; (l) mammography; (m) pap smear; (n) PSA (blood test for prostate cancer); (o) serum protein electrophoresis (blood test for myeloma); or (p) thermography.

The Annual Health Screening Tests Benefit amount shall only be payable with respect to covered tests and procedures that occur more than sixty (60) days after the Insured Person's Certificate Effective Date. This benefit is not payable for any covered dependent children.

2. FIRST OCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if, while this Certificate is in force, an Insured Person is, for the first time, positively diagnosed by a Physician as having a Critical Illness, We will pay the First Occurrence Benefit amount shown on the Certificate Schedule page.

Each Insured Person shall be limited to the payment of only one such First Occurrence Benefit amount under the terms of this Certificate.

If either Angioplasty or Coronary Artery Bypass Surgery is performed on an Insured Person, We will pay a partial First Occurrence Benefit amount equal to twenty-five percent (25%) of the First Occurrence Benefit amount. Any First Occurrence Benefit amount payable for Heart Attack shall be reduced, dollar-for-dollar, by any amounts previously paid for either Angioplasty or Coronary Artery Bypass Surgery. In addition, We will not pay any amount for Angioplasty or Coronary Artery Bypass Surgery if We have already paid the full First Occurrence Benefit amount for Heart Attack. We will not pay a partial First Occurrence Benefit for more than one (1) Angioplasty per Insured Person, nor more than one (1) Coronary Artery Bypass Surgery per Insured Person.

3. ADDITIONAL OCCURRENCE or REOCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed below, if, while any issued Certificate is in force, an Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of a Critical Illness, We will pay the Additional Occurrence or Reoccurrence Benefit amount shown on the Certificate Schedule page. However, for the Additional Occurrence or Reoccurrence Benefit amount to be payable, (i) the First Occurrence Benefit amount shall have been previously paid for the Insured Person; and (ii) the Insured Person shall have been diagnosed with an additional occurrence or reoccurrence of a Critical Illness more than one hundred eighty (180) days following the date the First Occurrence Benefit amount became payable. The Additional Occurrence or Reoccurrence Benefit amount is payable each time the Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of a Critical Illness more than one hundred eighty (180) days following the later of: (i) the date the First Occurrence Benefit amount became payable; or (ii) the date the previous Additional Occurrence or Reoccurrence Benefit amount became payable.

If either an additional occurrence or reoccurrence Angioplasty or Coronary Artery Bypass Surgery is performed on an Insured Person, We will pay a partial Additional Occurrence or Reoccurrence Benefit amount equal to twenty-five percent (25%) of the Additional Occurrence or Reoccurrence Benefit amount. Any Additional Occurrence or Reoccurrence Benefit amount payable for Heart Attack shall be reduced, dollar-for-dollar, by any amounts previously paid for either Angioplasty or Coronary Artery Bypass Surgery. In addition, We will not pay any amount for Angioplasty or Coronary Artery Bypass Surgery if We have already paid the full First Occurrence Benefit amount for Heart Attack. We will not pay a partial Additional Occurrence or Reoccurrence Benefit for more than one (1) Angioplasty per Insured Person, nor more than one (1) Coronary Artery Bypass Surgery per Insured Person.

4. BENEFIT PAYMENT CONDITIONS

Payment of the First Occurrence Benefit amount, any partial First Occurrence Benefit amount or any Additional Occurrence or Reoccurrence Benefit amount shall be subject to the following conditions:

- (i) diagnosis must be made within the United States; and
- (ii) the Date of Diagnosis shall occur while the Insured Person is covered by this Certificate; and
- (iii) payment shall be precluded by any general or specific exclusion, limitation or reduction set forth in or attached to this Certificate (including, without limitation, the exclusion for any Pre-existing Sickness or Injury) or any failure by the Insured Person or Certificate holder to meet any condition precedent.

5. REDUCTION SCHEDULE

The First Occurrence Benefit amount, partial First Occurrence Benefit amount or Additional Occurrence or Reoccurrence Benefit amount shall be reduced by 50% if an Insured Person is age 70 or older on the Date of Diagnosis. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

PART F	EXCLUSIONS AND LIMITATIONS
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PRE-EXISTING SICKNESS OR INJURY PROVISION:

The benefits of this Certificate will not be payable during the first twenty four (24) months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Sickness or Injury disclosed or not disclosed on the enrollment form. This 24-month period is measured from the effective date of coverage for each Insured Person.

A Pre-Existing Sickness or Injury means:

1. the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the effective date of an Insured Person's coverage ; or
2. a Sickness or Injury which is diagnosed by a Physician or for which medical advice or treatment was recommended or received from a Physician within twenty four (24) months prior to the effective date of coverage for each Insured Person.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR: This Certificate only pays for loss resulting from covered conditions, as defined in this Certificate: **THIS CERTIFICATE DOES NOT COVER:**

- (1) intentionally self-inflicted Injury or Sickness;
- (2) suicide or attempted suicide, while sane or insane;
- (3) treatment of Mental or Nervous Disorders, alcoholism or chemical dependency;
- (4) loss that begins prior to the effective date of coverage;
- (5) care and treatment received outside the United States or its territories;
- (6) Injuries or Sickness due to an act of declared or undeclared war;
- (7) any loss sustained or contracted as the result of an Insured Person being physically or mentally impaired due to being under the influence of alcohol or any narcotic unless administered on the advice of a Physician. "Being under the influence of alcohol" means a blood alcohol level of 0.08 or more. The Insured Person's alcohol or narcotic impairment must be the cause or contributing cause of his or her Injury or Sickness, irrespective of whether the loss due to injuries occurred while the Insured Person was driving a motor vehicle or engaged in any other activity;
- (8) any loss to which a contributing cause was the commission of or an attempt to commit a felony. Nor will We be liable for any loss to which a contributing cause was being engaged in an illegal activity;
- (9) Injuries or Sickness due to participation in any sport or sporting activity for wage, compensation or profit; or
- (10) any illness specifically excluded from the definition of any Critical Illness; or as specifically described in any exclusionary endorsement issued with this Certificate.

PART G

PREMIUMS

Coverage is in consideration of and subject to payment of the first premium. An insured member's first premium and premium payment mode is shown in the Certificate Schedule. Subsequent premiums are due and payable on the premium due date. We reserve the right to change the premium rates by Class on any premium due date after the first Group Critical Illness Policy anniversary. We must give advanced written notice to the group Policyholder of any premium change.

If payroll deduction facilities are available to an insured member, the premium will be deducted from such person's pay and remitted to the Us. If there are no payroll deduction facilities available to an insured member, premiums must be remitted directly to Us.

GRACE PERIOD: We grant a grace period of 31 days for each premium payment due after the first premium payment. Coverage remains in force during the grace period unless an insured member or the group Policyholder has given Us written notice of the insured member's cancellation. There is no grace period if We have been given such a cancellation notice.

PART H

TERMINATION PROVISIONS

TERMINATION OF AN INSURED MEMBER'S COVERAGE: Coverage for an insured member will terminate (a) on the date premiums are not received when due, subject to the GRACE PERIOD provision; (b) on the date the Group Critical Illness Policy terminates; or (c) when the maximum available benefits under this Certificate have been paid.

TERMINATION OF DEPENDENT COVERAGE: Coverage for a dependent will terminate on the date the insured member's coverage terminates, except when coverage continues with the insured member's Spouse as the new insured member. Coverage for each dependent person also terminates on the date such dependent person's maximum benefits under this Certificate have been paid. Coverage for dependent persons may also terminate as explained in the following paragraphs.

Coverage for each dependent child will terminate on the renewal date following the earlier of: (a) his or her attainment of the limiting age as stated in Part D Dependent Provisions; or (b) marriage. It is the Certificate holder's obligation to notify Us if either of these events occur.

Our acceptance of premium after such termination date will be considered as premium only for the remaining persons who qualify for coverage. Our liability will be limited to a refund of any subsequent overpayment. If a Certificate holder's premium needs to be changed due to the termination of dependent coverage, he or she should notify Us and We will adjust it accordingly.

If a child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) remains dependent upon the Certificate holder for support and maintenance; and (c) the Certificate holder notifies Us about this, coverage for such child will continue while this Certificate is in force and so long as such incapacity continues and the applicable premium is paid. Satisfactory proof must be submitted to Us within 31 days of such termination date. We may request this proof periodically at Our discretion following a child's attainment of the limiting age.

CONTINUATION OF COVERAGE: If an insured member is no longer affiliated with the group Policyholder, We agree thereafter to renew this Certificate coverage for each term as long as such insured member continues to pay the required premium when due and the group policy remains in force. The insured member must notify Us of the change in status within 31 days of such change. Direct premium payments will begin following the end of the period for which premium has been paid.

If an insured member dies or has collected the maximum Certificate benefits while his or her Spouse is an Insured Person under this Certificate, We agree thereafter to renew the coverage for each term, with such Spouse as the new insured member, as long as such Spouse lives and pays the required premium before the end of the grace period and the group policy remains in force, provided such Spouse has not collected their maximum Certificate benefits. Direct premium payments will begin following the end of the period for which premium has been paid.

DIVORCE: If an insured member divorces his/her Spouse, and his/her Spouse is named as an Insured Person on the enrollment form for this coverage, or was made an Insured Person pursuant to Certificate endorsement procedures, the insured member must provide Us with an actual, written notice of said divorce and with the last known, current address of said ex-spouse. Coverage for a Spouse or ex-spouse, if an Insured Person, will terminate 30 days following the date We receive actual, written notice from the insured member or his/her insured Spouse of a divorce between the insured member and his/her insured Spouse, regardless of the date of the divorce decree. An insured member may not add a new Spouse as an Insured Person under this Certificate until his/her covered ex-spouse has been terminated from the insured member's coverage pursuant to these procedures. Spouses terminated due to a divorce will have a conversion privilege. This privilege will extend for 60 days beginning with the date on which such Spouse's coverage terminates because of a divorce decree. New enrollment and payment of the appropriate premium for the new coverage must be made during this 60-day period. Evidence of insurability will not be required. The new coverage will be equivalent or similar to, but not greater than, the Spouse's terminated coverage. All probationary and/or waiting periods will be considered as having been met to the extent coverage was in force under this previously issued Certificate.

PART I

HOW TO FILE A CLAIM

NOTICE OF CLAIM: Written notice of claim must be given to Us within 20 days after any loss covered by this Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us at our Administrative Office in Duncan, Oklahoma. It should include the Your name and Your Certificate number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not sent to the claimant within 15 days, the claimant will be deemed to have met the proof of loss requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to Us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

PART J**TIME OF PAYMENT OF CLAIMS**

Benefits for any loss covered by this Certificate will be paid as soon as reasonably possible once We receive proper written Proof of Loss.

PART K**PAYMENT OF CLAIMS**

All benefits will be paid to the Certificate holder or to his or her estate.

PART L**ASSIGNABILITY**

Neither this Certificate nor any benefits payable under this Certificate are assignable.

PART M**GENERAL INFORMATION**

ENTIRE CONTRACT: This Certificate is a legal contract between the Certificate holder and Us. The entire contract with the Certificate holder consists of the Certificate, which includes the enrollment form, and any attached riders, endorsements or papers. No change in his Certificate will be effective until approved by one of Our officers. Such officer approval must be noted on or attached to this Certificate. No agent has any authority to change this Certificate or to waive any of its provisions. All statements in the enrollment form are deemed representations and not warranties.

INCONTESTABILITY: We will not contest the validity of this Certificate after it has been in force for two years from the Certificate Effective Date.

CLERICAL ERROR: Clerical error on the part of the group Policyholder will not void coverage that would otherwise be in force or continue coverage that would otherwise have terminated.

CONFORMITY WITH STATE STATUTES: On the Certificate Effective Date, if any contract provision conflicts with the laws of the state of issue, it shall be deemed to conform to such law.

CERTIFICATE SCHEDULE: The Schedule and information it shows is a part of the Certificate as if it preceded the execution clause.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date a person becomes covered under this Certificate We cannot use misstatements, except fraudulent misstatements, in the enrollment form to void coverage or deny a claim for loss that happens after the two-year period.

No claim for loss incurred after two years from the date a person becomes covered under this Certificate shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such person's coverage.

The above provisions also apply to riders attached to this Certificate. In applying them, the word "rider" will be used for the word "Certificate".

LEGAL ACTIONS: An Insured Person cannot bring any action at law or in equity to recover under this Certificate for at least 60 days after he or she has given Us written Proof of Loss. No such action shall be brought after three (3) years from the time written Proof of Loss is required to be given.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and We accept a premium without requiring an application for reinstatement, Our acceptance of that payment shall reinstate coverage under this Certificate. If We require an application, the Certificate will be reinstated when We approve the application. If We do not approve the application, the Certificate will be reinstated on the 45th day after the date of the application unless We notify the applicant in writing of its disapproval.

After two years from the date We reinstate the Certificate, We cannot use misstatements in the reinstatement application to void coverage or deny a claim for loss that happens after the two-year period. In all other respects the Certificate holder and We have the same rights under the Certificate as the Certificate holder and We both had before it lapsed, unless special conditions are added to the Certificate in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

MISSTATEMENT OF AGE: If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's true age. No misstatement of age will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have an Insured Person examined when and as often as is reasonable during the handling of a claim and to do any autopsy where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

LifeShield National Insurance Co[®]

815 West Ash Ave., Duncan, OK 73533

Toll Free Phone Number: 1-800-366-8354

GROUP CANCER BENEFIT RIDER

This rider is a part of the group policy to which it is attached. It is subject to all of the terms and conditions of the group policy not inconsistent with this rider. A Cancer Certificate Rider will be issued in conjunction with an issued Critical Illness Certificate in consideration of the member's payment of the required additional premium and the information contained in the enrollment form for such certificate rider.

The Effective Date of this rider is the group Policy Effective Date unless a later date is identified on the group policy's Schedule page. The Effective Date of an Insured Person's coverage under the rider will be the later of:

1. The Effective Date of his or her coverage under an issued Critical Illness Certificate; or
2. The Effective Date of an issued Cancer Benefit Certificate Rider.

DEFINITIONS

Cancer means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This also includes Leukemia, malignant melanoma, and Hodgkin's Disease. Skin cancer, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm), are not to be construed as Cancer in interpreting this rider. The diagnosis of Cancer must be established by a qualified Physician according to the criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer.

Carcinoma-in-Situ means cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This does not include skin cancer.

Skin Cancer means basal cell carcinoma, basal cell epithelioma or squamous cell carcinoma of the skin.

BENEFITS

FIRST OCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed in the group Critical Illness Insurance Policy, if, while any issued Cancer Certificate Rider is in force, an Insured Person is, for the first time, positively diagnosed by a Physician as having Cancer, We will pay the First Occurrence Benefit amount shown on the Certificate Schedule page. Each Insured Person shall be limited to the payment of only one such First Occurrence Benefit amount under the terms of any issued Certificate.

If while any issued Cancer Certificate Rider is in force, an Insured Person is, for the first time, positively diagnosed by a Physician as having Carcinoma-in-Situ, We will pay a partial First Occurrence Benefit amount equal to twenty-five percent (25%) of the First Occurrence Benefit amount. Any First Occurrence Benefit amount payable for Cancer shall be reduced, dollar-for-dollar, by any amounts previously paid for Carcinoma-in-Situ. In addition, We will not pay any amount for Carcinoma-in-Situ if We have already paid the full First Occurrence Benefit amount for Cancer. We will not pay a partial First Occurrence Benefit for more than one Carcinoma-in-Situ per Insured Person.

ADDITIONAL OCCURRENCE or REOCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed in the Group Critical Illness Insurance Policy, if, while a Cancer Benefit Certificate Rider is in force, an Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of a Cancer, We will pay the Additional Occurrence or Reoccurrence Benefit amount shown on the Certificate Schedule page. However, for the Additional Occurrence or Reoccurrence Benefit amount to be payable, (i) the First Occurrence Benefit amount shall have been previously paid for the Insured Person; and (ii) and the Insured Person shall have been diagnosed with an additional occurrence or reoccurrence of Cancer more than one hundred eighty (180) days following the date the First Occurrence Benefit amount became payable. The Additional Occurrence or Reoccurrence Benefit amount is payable each time the Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of Cancer more than one hundred eighty (180) days following the later of: (i) the date the First Occurrence Benefit amount became payable; or (ii) the date the previous Additional Occurrence or Reoccurrence Benefit amount became payable.

If while a Cancer Benefit Certificate Rider is in force, an Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of Carcinoma-in-Situ, We will pay a partial Additional Occurrence or Reoccurrence Benefit amount equal to twenty-five percent (25%) of the Additional Occurrence or Reoccurrence Benefit amount. Any Additional Occurrence or Reoccurrence Benefit amount payable for Cancer shall be reduced, dollar-for-dollar, by any amounts previously paid for Carcinoma-in Situ. In addition, We will not pay any amount for Carcinoma-in-Situ if We have already paid the full Additional Occurrence or Reoccurrence Benefit amount for Cancer. We will not pay a partial Additional Occurrence or Reoccurrence Benefit for more than one Carcinoma-in-Situ per Insured Person.

EXCEPTIONS AND LIMITATIONS

This rider provides benefits only for Cancer and Carcinoma-in-Situ as defined in this rider. No benefit is payable for the diagnosis of Skin Cancer, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm). This rider does not provide benefits for any other disease, sickness or incapacity. All the Exceptions, Limitations and Reductions as stated in the group Critical Illness Insurance Policy apply to this rider.

PREMIUMS

The premium for this rider is shown on the issued Certificate Schedule page. This premium is payable in addition to and under the same conditions as the premium for the issued Certificate.

RENEWABILITY

This rider is renewable as long as the policy to which it is attached remains in force and the additional premium for the rider is paid when due.

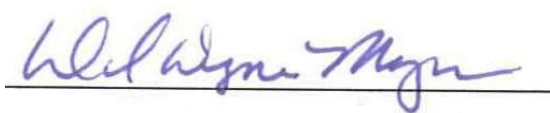
TERMINATION

This rider terminates on the earliest of the following:

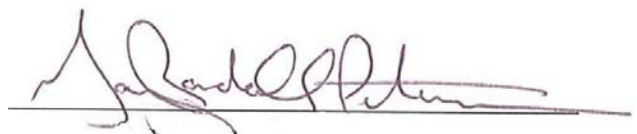
1. the date the group policy terminates;
2. when an insured member fails to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive the Policyholder's or an insured member's written request to terminate this rider.

Coverage for a Insured Person will terminate on the earliest of the following:

1. the date coverage terminates for any reason for Insured Person under the Certificate to which this rider is attached;
2. the date of Our payment of all available Cancer or Carcinoma-in-Situ benefits with respect to the Insured Person.



Secretary



President

LifeShield National Insurance Co[®]

815 West Ash Ave., Duncan, OK 73533

Toll Free Phone Number: 1-800-366-8354

**Application for Group Critical Illness Insurance
Policy Form # LNG-5061 series
and applicable rider(s)**

Group Information		
Group Name:	Phone Number:	
Address:	Fax Number:	
Address:	Tax ID:	
City:	State:	Zip:
Email Address:		
Number of Eligible Employees (must have at least 50):		

The Group hereby makes application for Group Critical Illness Insurance on behalf of eligible members.

Signed at _____ this _____ day of _____
(city) (state) (month) (year)

Application made by: _____
(Signature of Authorized Group Representative)

(Printed Name of Authorized Group Representative) (Title)

Agent Information

(Agent's Signature) (Market Code) (Agent No.)

(Agent's Printed Name) (State License No.)

LifeShield National Insurance Co[®]

815 West Ash Ave., Duncan, OK 73533

Toll Free Phone Number: 1-800-366-8354

CANCER BENEFIT CERTIFICATE RIDER

This rider is a part of the Certificate of Critical Illness Insurance to which it is attached. It is subject to all of the terms and conditions of the Certificate not inconsistent with this rider. This rider is issued in consideration of the member's payment of the required additional premium and the information contained in the enrollment form for this rider. The Effective Date of this rider is the Certificate Effective Date unless a later date is identified on the Certificate Schedule page.

DEFINITIONS

Cancer means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This also includes Leukemia, malignant melanoma, and Hodgkin's Disease. Skin cancer, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm), are not to be construed as Cancer in interpreting this rider. The diagnosis of Cancer must be established by a qualified Physician according to the criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer.

Carcinoma-in-Situ means cancer wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue. This does not include skin cancer.

Skin Cancer means basal cell carcinoma, basal cell epithelioma or squamous cell carcinoma of the skin.

BENEFITS

FIRST OCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed in the Certificate of Critical Illness Insurance, if, while any this Cancer Benefit Certificate Rider is in force, an Insured Person is, for the first time, positively diagnosed by a Physician as having Cancer, We will pay the First Occurrence Benefit amount shown on the Certificate Schedule page. Each Insured Person shall be limited to the payment of only one such First Occurrence Benefit amount under the terms of this Certificate.

If while this Cancer Benefit Certificate Rider is in force, an Insured Person is, for the first time, positively diagnosed by a Physician as having Carcinoma-in-Situ, We will pay a partial First Occurrence Benefit amount equal to twenty-five percent (25%) of the First Occurrence Benefit amount. Any First Occurrence Benefit amount payable for Cancer shall be reduced, dollar-for-dollar, by any amounts previously paid for Carcinoma-in Situ. In addition, We will not pay any amount for Carcinoma-in-Situ if We have already paid the full First Occurrence Benefit amount for Cancer. We will not pay a partial First Occurrence Benefit for more than one Carcinoma-in-Situ per Insured Person.

ADDITIONAL OCCURRENCE or REOCCURRENCE BENEFIT

Subject to the Reduction Schedule and Benefit Payment Conditions listed in the Certificate of Critical Illness Insurance, if, while this Cancer Benefit Certificate Rider is in force, an Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of a Cancer, We will pay the Additional Occurrence or Reoccurrence Benefit amount shown on the Certificate Schedule page. However, for the Additional Occurrence or Reoccurrence Benefit amount to be payable, (i) the First Occurrence Benefit amount shall have been previously paid for the Insured Person; and (ii) and the Insured Person shall have been diagnosed with an additional occurrence or reoccurrence of Cancer more than one hundred eighty (180) days following the date the First Occurrence Benefit

amount became payable. The Additional Occurrence or Reoccurrence Benefit amount is payable each time the Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of Cancer more than one hundred eighty (180) days following the later of: (i) the date the First Occurrence Benefit amount became payable; or (ii) the date the previous Additional Occurrence or Reoccurrence Benefit amount became payable.

If while this Cancer Benefit Certificate Rider is in force, an Insured Person is positively diagnosed by a Physician as having an additional occurrence or reoccurrence of Carcinoma-in-Situ, We will pay a partial Additional Occurrence or Reoccurrence Benefit amount equal to twenty-five percent (25%) of the Additional Occurrence or Reoccurrence Benefit amount. Any Additional Occurrence or Reoccurrence Benefit amount payable for Cancer shall be reduced, dollar-for-dollar, by any amounts previously paid for Carcinoma-in-Situ. In addition, We will not pay any amount for Carcinoma-in-Situ if We have already paid the full Additional Occurrence or Reoccurrence Benefit amount for Cancer. We will not pay a partial Additional Occurrence or Reoccurrence Benefit for more than one Carcinoma-in-Situ per Insured Person.

EXCEPTIONS AND LIMITATIONS

This rider provides benefits only for Cancer and Carcinoma-in-Situ as defined in this rider. No benefit is payable for the diagnosis of Skin Cancer, premalignant conditions or conditions with malignant potential, including, but not limited to severe cervical dysplasia (Class III and IV) and CIN (cervical intraepithelial neoplasm). This rider does not provide benefits for any other disease, sickness or incapacity. All the Exceptions, Limitations and Reductions as stated in the Certificate of Critical Illness Insurance apply to this rider.

PREMIUMS

The premium for this rider is shown on the Certificate Schedule page. This premium is payable in addition to and under the same conditions as the premium for the Certificate.

RENEWABILITY

This rider is renewable as long as the Certificate to which it is attached remains in force and the additional premium for the rider is paid when due.

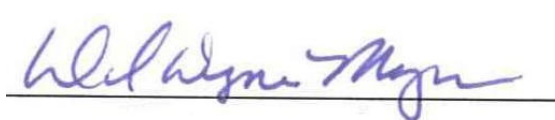
TERMINATION

This rider terminates on the earliest of the following:

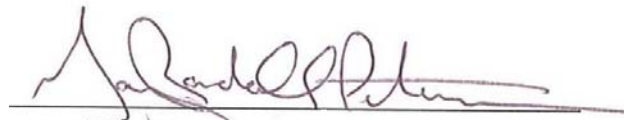
1. the date the Certificate of Critical Illness Insurance terminates;
2. when an insured member fails to pay the required premium within its grace period;
3. the premium due date on or next following the date we receive the Policyholder's or the Certificate holder's written request to terminate this rider.

Coverage for a Insured Person will terminate on the earliest of the following:

1. the date coverage terminates for any reason for the Insured Person under the Certificate to which this rider is attached;
2. the date of Our payment of all available Cancer or Carcinoma-in-Situ benefits with respect to the Insured Person.



Secretary



President

ENROLLMENT FORM FOR A CERTIFICATE OF CRITICAL ILLNESS INSURANCE, FORM LNG-5064

Group Policyholder (Employer) Name				Group Number		Billing Mode <input type="checkbox"/> 13 pay <input type="checkbox"/> 9 pay <input type="checkbox"/> 10 pay <input type="checkbox"/> Monthly <input type="checkbox"/> Monthly Bank Draft			
Proposed Primary Insured / Certificate holder (First, M.I., Last)				S.S. Number		Deduction Frequency <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> W <input type="checkbox"/> BW <input type="checkbox"/> Other _____			
<input type="checkbox"/> Emp <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birthdate		Home Phone Number			
Home Address				City		State		Zip	
Job Title/Occupation				Duties		Birth State		Date Hired	
Do you work 20 hours or more per week at this job? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you actively at work now? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Insured) & Address				S.S. Number or Tax ID Number		Birthdate			

DEPENDENTS PROPOSED FOR COVERAGE (attach additional sheet(s) signed by the applicant if necessary)

	Full Name	Sex	Birthdate	Full Time Student		Full Name	Sex	Birthdate	Full Time Student
Spouse				N.A.	Child 2				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 1				<input type="checkbox"/> Yes <input type="checkbox"/> No	Child 3				<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate selected type of coverage ☐ Individual ☐ Single Parent Family ☐ Two Parent Family
If Single Parent Family or Two Parent Family coverage is applied for, all applicable medical questions must be answered.

INSURANCE PRODUCT SELECTIONS

Modal Premium

I hereby apply for the following coverage:		
<input type="checkbox"/> Certificate Form LNG-5064, Critical Illness Insurance Indicate selected First Occurrence Benefit amount of coverage on the Primary Insured / Employee \$_____ If the applied for amount is above the approved Group GI limit, if any, all applicable medical questions must be answered. Indicate amount of adult Annual Health Screening Tests Benefit <input type="checkbox"/> \$ 50 per year or <input type="checkbox"/> \$ 100 per year Indicate amount of Reoccurrence Benefit <input type="checkbox"/> 50% or <input type="checkbox"/> 100% of the First Occurrence Benefit amount		\$ _____ Certificate
<input type="checkbox"/> Certificate Rider Form LNG-5065, Cancer Benefit Rider If applied for, health questions # 3 and # 4 must be answered.		\$ _____ Cancer Rider
Remarks	Home Office Use	Total Modal Premium \$

MEDICAL QUESTIONS

For any "Yes" answers to Questions #1 through # 5, please complete the IDENTIFICATION section on page 2

1. Have you or any proposed insured ever been diagnosed with, treated for, or taken prescription medication for any of the following: a. Disease or disorder of the heart, heart attack, heart condition, heart valve disorder, stroke, TIA or paralysis? b. Disease or disorder of the circulatory system or been prescribed three or more medications to be taken concurrently for high blood pressure? c. Chronic Obstructive Pulmonary Disease, (COPD), emphysema, pulmonary fibrosis, pulmonary hypertension, insulin dependent diabetes, kidney failure or polycystic disease, systemic lupus or cystic fibrosis? d. Liver disease including cirrhosis or hepatitis (other than type A), alcohol or drug abuse? e. Organ transplant, bone marrow transplant or been advised you need a transplant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Within the last 6 months have you or any proposed insured had or been advised by a member of the medical profession of the need to have diagnostic tests performed to evaluate symptoms of chest pains, shortness of breath, blackouts, fainting, or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or any proposed insured ever been treated for or diagnosed with AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or Antibodies to HTLV-III (Human T-lymphotrophic Virus Type III) prior to this date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer Question # 4 and # 5 if applying for the Cancer Benefit Certificate Rider	
4. In the last 5 years have you or any proposed insured been diagnosed with, treated for, or taken prescription medication for any of the following: Internal cancer, Leukemia, Hodgkin's disease, melanoma, malignant tumors or carcinoma in situ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you or any proposed insured ever been advised by a member of the medical profession to have any diagnostic tests related to cancer which have not been completed or for which results have not been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer Question # 6 if applying for any selected amounts of COVERAGE GREATER THAN \$ 20,000

6. Name of Proposed Insured	Relationship	Height	Weight
	Applicant		
	Spouse		

IDENTIFICATION section: For any "Yes" answers to questions #1 through #5, indicate the question number, the name of the person and relationship to the Applicant. Any person listed below is not eligible for coverage.

Question #	Name of Person	Relationship

NON-MEDICAL QUESTIONS

1. Is any proposed insured eligible for Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Replacement. Is the insurance applied for to replace or change any supplemental critical illness insurance you currently have? If YES, complete the replacement form(s) provided by your agent and return with this application if required in your state.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I have received the "Guide to Health Insurance for People with Medicare" and all applicable Medicare Duplication Notices.	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENT: I have read or had read to me the completed application, and my statements and answers are true and complete. I understand that any material misstatement or misrepresentation in the enrollment form may result in loss of coverage. I understand that the effective date of the Certificate will be the date stated on the Certificate's Schedule page, not the date this enrollment form is signed. I understand that no agent can accept risks, modify certificates, or waive any rights or requirements of LifeShield. I acknowledge that I have received notices about the Medical Information Bureau, and the Fair Credit Reporting Act.

I KNOW THAT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER SUBMITS AN ENROLLMENT FORM FOR INSURANCE CONTAINING FALSE OR DECEPTIVE STATEMENTS MAY BE GUILTY OF INSURANCE FRAUD.

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. ANY DECISION REACHED BY ARBITRATION SHALL BE NON-BINDING AND APPEALABLE TO A COURT OF PROPER JURISDICTION.

Signed at (city & state) _____ this _____ day of (month & year) _____

Signature of Applicant X _____

**All Premium Checks Must Be Payable To LifeShield National Insurance Co.
Do not make payable to the agent or leave the payee blank.**

Affidavit for Agent's Use Only: I hereby certify that I have accurately recorded in this enrollment form all of the information supplied by the applicant. The applicant has read or had read to him or her the completed enrollment form. I also certify that this Certificate of insurance does ☐ does not ☐ replace or change any existing critical illness coverage.

Writing Agent's Signature _____

Agent's No. _____

Agent's Name: (please print) _____

Market Code _____

State License No. _____

SERFF Tracking Number:	FRCS-126551061	State:	Arkansas
Filing Company:	LifeShield National Insurance Company	State Tracking Number:	45409
Company Tracking Number:	5335		
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	Critical Illness		
Project Name/Number:	LifeShield/61/61		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/05/2010
Comments:			
Attachments:			
AR RDB.pdf			
AR COC.pdf			
Satisfied - Item:	Application	Approved-Closed	05/05/2010
Comments:	The application has been attached to the forms schedule.		
Satisfied - Item:	Authorization	Approved-Closed	05/05/2010
Comments:			
Attachment:			
Auth 2010.pdf			

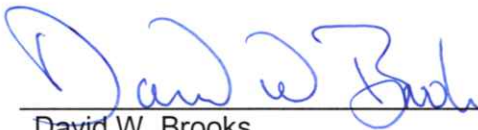
**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: LifeShield National Insurance Company

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
LNG-5061	50
LNG-5064	50
LNG-5062	51.1
LNG-5063	*
LNG-5065	52.1
LNG-5066-AR	*

*Scores a 50+ when combined with the policy.



David W. Brooks
Vice President

April 9, 2010
Date

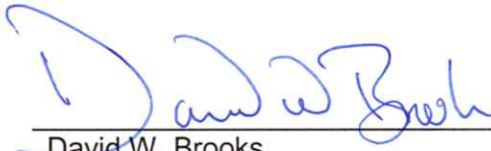
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: LifeShield National Insurance Company

Form Titles: Group Critical Illness Insurance Policy, Certificate of Critical Illness Insurance, Group Cancer Benefit Rider, Application for Group Critical Illness Insurance, Cancer Benefit Certificate Rider, Enrollment Form for Certificate of Critical Illness Insurance

Form Numbers: LNG-5061, LNG-5064, LNG-5062, LNG-5063, LNG-5065, LNG-5066-AR

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



David W. Brooks
Vice President

April 9, 2010
Date



LIFESHIELD
NATIONAL INSURANCE COMPANY

Member, The Midland Group

March 8, 2010

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

LifeShield National Insurance Co

By: _____

Dan W. Bush

Title: _____

Vice President